

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: BAYSHORE PINES OCONTO (410561)

Address: 425 PECOR STREET, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 04/01/1999

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096484 **End Date:** 02/02/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009518 Served 03/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.14(1)(c)	UNIVERSAL PRECAUTIONS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.15(1)(c)1	ADEQUATE STAFFING		
83.32(2)(d)	REVIEW OF PROGRESS		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE		
83.33(3)(e)2.b	INJECTIONS		
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0093687 End Date: 11/11/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009346 Served 12/01/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	01/24/2006	Yes

Survey ID: 0092967 End Date: 04/13/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090859 End Date: 08/11/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006885 Served 08/29/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	07/13/2004	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	07/13/2004	Yes

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Enforcement History

Date: 03/06/2006 **SOD #**10009518 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(c)
FORFEITURE---83.15(1)(c)1

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Complaint History

Date Complaint Received: 10/12/2004

Date Investigation Completed: 11/11/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009346

10009346

Date Complaint Received: 02/19/2004

Date Investigation Completed: 07/13/2004

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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